



Laboratory Specific Standard Operating Procedure

Please fill out the form, print it, and post it in the lab. A copy should also be placed in the appropriate safety manual.

Principal Investigator: _____ Date: _____
Department: _____ Phone: _____
Building/Location: _____ Specific Area/Room: _____

Type – Check all that apply:

Hazardous Process	Hazardous Chemical
Biological Agent	Laser
Ionizing Radiation	Other (specify): _____

Describe type(s) selected above:

Potential Hazards:

Personal protective equipment requirements:

Eye/face protection	Respiratory protection	Gloves	Lab Coat
Other (specify): _____			

Engineering controls required:

Special Handling and Storage requirements:

Spill and Accident Procedures:

Decontamination Procedures:

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Waste Disposal:

Safety Data Sheet Location:

Protocol(s):